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# Provide the Hospital Owner and Year of Report per Section 130061(e)

| Facility Number:     | 11846                              |
|----------------------|------------------------------------|
| Facility Name:       | Long Beach Memorial Medical Center |
| Address:             | 2801 Atlantic Ave.                 |
| City:                | Long Beach                         |
| Hospital Owner/Lice  | ensee: Wendy Dorchester            |
| Year of Repo         | orting: 2010                       |
| Contact 1 e-mail Ad  | dress:                             |
| Contact 2 e-mail Ad  | dress:                             |
| Contact 3 e-mail Add | dress::                            |
| Name of Subi         | mitter: Mark Shuck                 |
| Submission           | Date: 1/17/2011 9:58:54 AM         |

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For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for retrofit or replacement of the bulding that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

| Bldg.<br>No. | Building Name                        | Alternate Building Address | Building<br>Resolution | Final SPC Rating<br>If Required | Extension<br>Date | Anticipated Completion Date |
|--------------|--------------------------------------|----------------------------|------------------------|---------------------------------|-------------------|-----------------------------|
| 01           | 1A -1K Main Tower & Additions        | 2801 Atlantic Ave.         | Retrofit               | SPC2                            | 01/01/2013        | 06/01/2011                  |
| 01A          | 2A-2C- Central Plant & Additions     | 2801 Atlantic Ave.         | Retrofit               | SPC2                            | 01/01/2013        | 06/01/2011                  |
| 04           | 03 - Memorial West -<br>Nursing Unit | 2801 Atlantic Ave.         | Retrofit               | SPC2                            | 01/01/2013        | 06/11/2011                  |
| 05           | 4A 4B- Memorial West -<br>Rehab Unit | 2801 Atlantic Ave.         | Retrofit               | SPC2                            | 01/01/2013        | 12/31/2011                  |

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For each building which is planned for retrofitting or replacement, provide the project numbers, per Section 130061(c)(1)(C). The projected construction start date or dates and projected Completion date or dates per Section 130061(c)(1)(D) and the most recent project status and approvals per Section 130061(c)(1)(E).

| Building No: 01                           |   | 1A -1K Main Tower & Additions     |                 | Retrofit/Replacement Hazus-Submitted Project:                                |
|---|---|-----------------------------------|-----------------|--|
| Facility Project Sub<br>Number Number Num |   | Scope                             | Date Plan<br>in | Approved Proj. Start Proj. Completed Status CEQA Date Date Date Review       |
| 11846 HL090658                            | 0 |                                   | 04/01/2009      | 07/29/2010 OPEN No   |
| Building No: 01A                          |   | 2A-2C- Central Plant & Additions  |                 | Retrofit/Replacement Hazus-Planned Project:                                  |
| Facility Project Sub<br>Number Number Num |   | Scope                             | Date Plan<br>in | Approved Proj. Start Proj. Completed Status CEQA Date Date Date Review       |
| 11846 SL090302                            | 0 |                                   | 02/11/2009      | 03/10/2009 03/24/2009 OPEN No  |
| Building No: 04                           |   | 03 - Memorial West - Nursing Unit |                 | Retrofit/Replacement Hazus-Submitted   |
| Facility Project Sub Number Number Num    |   | Scope                             | Date Plan<br>in | Project:  Approved Proj. Start Proj. Completed Status CEQA  Date Date Review |
| 11846 SL090660                            | 0 |                                   | 04/01/2009      | 04/01/2009 CLSD No   |
| Building No: 05                           |   | 4A 4B- Memorial West - Rehab Unit |                 | Retrofit/Replacement Hazus-Submitted Project:                                |
| Facility Project Sub<br>Number Number Num |   | Scope                             | Date Plan<br>in | Approved Proj. Start Proj. Completed Status CEQA Date Date Date Review       |
| 11846 HL090658                            | 0 |                                   | 04/01/2009      | 07/29/2010 OPEN No   |
| 11846 SL090302                            | 0 |                                   | 02/11/2009      | 03/10/2009 OPEN No   |
| 11846 SL090660                            | 0 |                                   | 04/01/2009      | 04/01/2009 CLSD No   |

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# Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

| Building Number: 01 Building Name: 1A -1K Main Tower & Additions |                          |                              |                                   |                           |  |
|--|--------------------------|------------------------------|-----------------------------------|---------------------------|--|
| Type of Service Pro  | Type of Service Provided |                              |                                   |                           |  |
| X Nursing  | Inpatient<br>Beds        | 341 Inpatient 78849 Days     | X Surgical                        | X Obstetrical Recovery    |  |
| X IntensiveCare  | Inpatient<br>Beds        | 61 Inpatient Days 17593      | X Anesthesia                      | X Newborn/<br>WellBaby    |  |
| Pediatric/Adol escent  | Inpatient<br>Beds        | 0 Inpatient Days 0           | Clinical Lab                      | Emergency                 |  |
| Psychiatric Nursing  | Inpatient<br>Beds        | 0 Inpatient Days 0           | X Radiological/<br>Imaging        | X Nuclear<br>Medicine     |  |
| X Obstetrical Ante/Postprtum                                     | Inpatient<br>Beds        | 59 Inpatient Days 17849      | X Pharmaceutical X Dietetic       | Rehabilitation<br>Therapy |  |
| Intermediate Care  | Inpatient<br>Beds        | 0 Inpatient Days 0           | X Administration                  | Renal Dialysis            |  |
| Skilled Nursing  | Inpatient<br>Beds        | 0 Inpatient Days 0           | X Support Services  X Obstetrical | Outpatient Surgery        |  |
|  |                          | Total Beds this 461 Building | Cesarean/Deliv                    | X Central Plant           |  |

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## Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

| Building Number: 01A       | A Buildi                 | ng Name: 2A-2C- Central Plant & Add             | ditions  |                                     |  |  |
|----------------------------|--------------------------|---|--|-------------------------------------|--|--|
| Type of Service Provi      | Type of Service Provided |   |  |                                     |  |  |
| Nursing                    | Inpatient<br>Beds        | 0 Inpatient 0 Days                              | Surgical                                       | Obstetrical Recovery                |  |  |
| IntensiveCare              | Inpatient<br>Beds        | 0 Inpatient Days 0                              | Anesthesia                                     | Newborn/<br>WellBaby                |  |  |
| Pediatric/Adol escent      | Inpatient<br>Beds        | 0 Inpatient Days 0                              | Clinical Lab                                   | Emergency                           |  |  |
| Psychiatric Nursing        | Inpatient<br>Beds        | 0 Inpatient Days 0                              | Radiological/<br>Imaging                       | Nuclear<br>Medicine                 |  |  |
| Obstetrical Ante/Postprtum | Inpatient<br>Beds        | 0 Inpatient Days 0                              | Pharmaceutical Dietetic                        | Rehabilitation<br>Therapy           |  |  |
| Intermediate Care          | Inpatient<br>Beds        | 0 Inpatient Days 0                              | Administration                                 | Renal Dialysis                      |  |  |
| Skilled Nursing            | Inpatient<br>Beds        | 0 Inpatient Days 0  Total Beds this  0 Building | X Support Services  Obstetrical Cesarean/Deliv | Outpatient Surgery  X Central Plant |  |  |

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#### Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

| Building Number: 04        | Buildi                   | ng Name: 03 - Memorial West - Nursi | ng Unit                         |                             |  |
|----------------------------|--------------------------|-------------------------------------|---------------------------------|-----------------------------|--|
| Type of Service Prov       | Type of Service Provided |                                     |                                 |                             |  |
| X Nursing                  | Inpatient<br>Beds        | 42 Inpatient 8176 Days              | Surgical                        | Obstetrical Recovery        |  |
| IntensiveCare              | Inpatient<br>Beds        | 0 Inpatient Days 0                  | Anesthesia                      | Newborn/<br>WellBaby        |  |
| Pediatric/Adol escent      | Inpatient<br>Beds        | 54 Inpatient Days 15732             | Clinical Lab                    | Emergency                   |  |
| Psychiatric Nursing        | Inpatient<br>Beds        | 0 Inpatient Days 0                  | Radiological/<br>Imaging        | Nuclear<br>Medicine         |  |
| Obstetrical Ante/Postprtum | Inpatient<br>Beds        | 0 Inpatient Days 0                  | Pharmaceutical Dietetic         | X Rehabilitation<br>Therapy |  |
| Intermediate Care          | Inpatient<br>Beds        | 0 Inpatient Days 0                  | X Administration                | Renal Dialysis              |  |
| X Skilled Nursing          | Inpatient<br>Beds        | 42 Inpatient Days 5439              | X Support Services  Obstetrical | Outpatient Surgery          |  |
|                            |                          | Total Beds this Building            | Cesarean/Deliv                  | Central Plant               |  |

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#### Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

| Building Number: 05        | Buildi            | ng Name: 4A 4B- Memorial West - Re | hab Unit                       |                             |
|----------------------------|-------------------|------------------------------------|--------------------------------|-----------------------------|
| Type of Service Prov       | <u>rided</u>      |                                    |                                |                             |
| Nursing                    | Inpatient<br>Beds | 0 Inpatient 0 Days                 | Surgical                       | Obstetrical Recovery        |
| IntensiveCare              | Inpatient<br>Beds | 0 Inpatient Days 0                 | Anesthesia                     | Newborn/<br>WellBaby        |
| Pediatric/Adol escent      | Inpatient<br>Beds | 0 Inpatient Days 0                 | Clinical Lab                   | Emergency                   |
| Psychiatric Nursing        | Inpatient<br>Beds | 0 Inpatient Days 0                 | Radiological/<br>Imaging       | Nuclear<br>Medicine         |
| Obstetrical Ante/Postprtum | Inpatient<br>Beds | 0 Inpatient Days 0                 | Pharmaceutical Dietetic        | X Rehabilitation<br>Therapy |
| Intermediate Care          | Inpatient<br>Beds | 0 Inpatient Days 0                 | Administration                 | Renal Dialysis              |
| Skilled Nursing            | Inpatient<br>Beds | 0 Inpatient Days 0                 | X Support Services Obstetrical | Outpatient Surgery          |
|                            |                   | Total Beds this Building  0        | Cesarean/Deliv                 | Central Plant               |

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| Building Number:     | 01                       | Building Name: 1A -          | 1K Main Tower & Additio | ns                                      |  |
|----------------------|--------------------------|------------------------------|-------------------------|---|--|
| Medical / Surgical   | (Include GYN)            | Acute Respiratory            | / Care                  | Acute Psychiatric                       |  |
| Inpatient 341<br>Bed | Inpatient 7884<br>Days 9 | Inpatient 0<br>Bed           | Inpatient 0<br>Days     | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Perinatal (excluse   | Newborn / GYN)           | Burn                         |                         | Skilled Nursing                         |  |
| Inpatient 59<br>Bed  | Inpatient 1784<br>Days 9 | Inpatient 0<br>Bed           | Inpatient 0<br>Days     | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Pediatric            |                          | intensive Care Ne<br>Nursery | wborn                   | Intermediate Card                       |  |
| Inpatient 0<br>Bed   | Inpatient 0<br>Days      | Inpatient 0<br>Bed           | Inpatient 0 Days        | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Intensive Care       |                          | Rehabilitation<br>Center     |                         | Int. Care / developr<br>Disabled        | ment                                       |
| Inpatient 61<br>Bed  | Inpatient 1759<br>Days 3 | Inpatient 0<br>Bed           | Inpatient 0<br>Days     | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Coronary Care        |                          | Chemical<br>Dependency       |                         | Total Beds this<br>Building Per<br>Unit | Total Beds this<br>Building Per<br>Service |
| Inpatient 0<br>Bed   | Inpatient 0<br>Days      | Inpatient 0 Bed              | Inpatient 0<br>Days     | 461                                     | 461  |

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| Building Number:   | 01A                 | Building Name: 2A-2           | C- Central Plant & Add | ditions                                 |  |
|--------------------|---------------------|-------------------------------|------------------------|---|--|
| Medical / Surgical | (Include GYN)       | Acute Respiratory             | Care                   | Acute Psychiatric                       |  |
| Inpatient 0<br>Bed | Inpatient 0 Days    | Inpatient 0<br>Bed            | Inpatient 0<br>Days    | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Perinatal (excluse | Newborn / GYN)      | Burn                          |                        | Skilled Nursing                         |  |
| Inpatient 0<br>Bed | Inpatient 0<br>Days | Inpatient 0<br>Bed            | Inpatient 0<br>Days    | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Pediatric          |                     | intensive Care Nev<br>Nursery | wborn                  | Intermediate Card                       |  |
| Inpatient 0<br>Bed | Inpatient 0 Days    | Inpatient 0<br>Bed            | Inpatient 0 Days       | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Intensive Care     |                     | Rehabilitation<br>Center      |                        | Int. Care / developm<br>Disabled        | nent                                       |
| Inpatient 0<br>Bed | Inpatient 0<br>Days | Inpatient 0<br>Bed            | Inpatient 0<br>Days    | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Coronary Care      |                     | Chemical<br>Dependency        |                        | Total Beds this<br>Building Per<br>Unit | Total Beds this<br>Building Per<br>Service |
| Inpatient 0<br>Bed | Inpatient 0 Days    | Inpatient 0<br>Bed            | Inpatient 0<br>Days    | 0                                       | 0  |

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| Building Number:       | 04 Build                | ling Name: 03 -               | Memorial West - Nursing U | nit                                     |  |
|------------------------|-------------------------|-------------------------------|---------------------------|---|--|
| Medical / Surgical (In | nclude GYN)             | Acute Respiratory             | Care                      | Acute Psychiatric                       |  |
|                        | npatient 0<br>Days      | Inpatient 0<br>Bed            | Inpatient 0 Days          | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Perinatal (excluse Ne  | ewborn / GYN)           | Burn                          |                           | Skilled Nursing                         |  |
|                        | npatient 0<br>Days      | Inpatient 0<br>Bed            | Inpatient 0<br>Days       | Inpatient 42<br>Bed                     | Inpatient 5439<br>Days                     |
| Pediatric              |                         | intensive Care Nev<br>Nursery | wborn                     | Intermediate Card                       |  |
| ·                      | npatient 1573<br>Days 2 | Inpatient 0<br>Bed            | Inpatient 0 Days          | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Intensive Care         |                         | Rehabilitation<br>Center      |                           | Int. Care / developn<br>Disabled        | nent                                       |
|                        | npatient 0<br>Days      | Inpatient 42<br>Bed           | Inpatient 8176 Days       | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Coronary Care          |                         | Chemical<br>Dependency        |                           | Total Beds this<br>Building Per<br>Unit | Total Beds this<br>Building Per<br>Service |
| •                      | npatient 0              | Inpatient 0<br>Bed            | Inpatient 0 Days          | 138                                     | 0  |

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| Building Number:     | 05                  | Building Name: 4A 4           | B- Memorial West - Reh | ab Unit                                 |  |
|----------------------|---------------------|-------------------------------|------------------------|---|--|
| Medical / Surgical ( | (Include GYN)       | Acute Respiratory             | Care                   | Acute Psychiatric                       |  |
| Inpatient 0<br>Bed   | Inpatient 0<br>Days | Inpatient 0<br>Bed            | Inpatient 0<br>Days    | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Perinatal (excluse   | Newborn / GYN)      | Burn                          |                        | Skilled Nursing                         |  |
| Inpatient 0<br>Bed   | Inpatient 0<br>Days | Inpatient 0<br>Bed            | Inpatient 0<br>Days    | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Pediatric            |                     | intensive Care Nev<br>Nursery | vborn                  | Intermediate Card                       |  |
| Inpatient 0<br>Bed   | Inpatient 0 Days    | Inpatient 0<br>Bed            | Inpatient 0 Days       | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Intensive Care       |                     | Rehabilitation<br>Center      |                        | Int. Care / developr<br>Disabled        | nent                                       |
| Inpatient 0<br>Bed   | Inpatient 0<br>Days | Inpatient 0<br>Bed            | Inpatient 0<br>Days    | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Coronary Care        |                     | Chemical<br>Dependency        |                        | Total Beds this<br>Building Per<br>Unit | Total Beds this<br>Building Per<br>Service |
| Inpatient 0<br>Bed   | Inpatient 0 Days    | Inpatient 0<br>Bed            | Inpatient 0 Days       | 0                                       | 0  |

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For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

| Building<br>Number | Building<br>Name                    | Building to be Removed |
|--------------------|-------------------------------------|------------------------|
| 01                 | 1A -1K Main Tower & Additions       |                        |
| 01A                | 2A-2C- Central Plant & Additions    |                        |
| 02                 | 101- Miller's Children's Hospital   |                        |
| 02A                | 102- Miller's Children's Hosp Entry | <u> </u>               |
| 02B                | 103- Miller Children's Clerical Add |                        |
| 04                 | 03 - Memorial West - Nursing Unit   |                        |
| 05                 | 4A 4B- Memorial West - Rehab Unit   |                        |
| 07                 | 5 - X-Ray Addition                  |                        |
| 08                 | 6A-6C - Surgery & Addition          |                        |
| 11                 | 7A-7B - Outpatient Surgery          |                        |
| 12                 | 8 - Cancer Prevention Center        |                        |
| 13                 | 10 - Emergency Power Area           |                        |
| 14                 | 9 - ER Addition & Remodel           |                        |
|                    | L                                   |                        |

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| Provide the number of i from acute care service |  |             | type of service for the year of | 2008, 2009    | and 2010 for build          | lings t | o be removed              |
|---|--|-------------|---------------------------------|---------------|-----------------------------|---------|---------------------------|
| Building 02A Number:                            | Building<br>Name:                                | 102- Miller | 's Children's Hosp Entry        |               | Year of Information:        | 20      | 800                       |
|   |  |             |                                 | Inforr<br>Of: | mation Current As           | 10      | 0/01/2010                 |
| Type of Services<br>Provided                    |  |             |                                 |               |                             |         |                           |
| Nursing   | Inpatient<br>Beds                                | 0           | Surgical                        |               | bstetrical<br>esarean/Deliv |         | Rehabilitation<br>Therapy |
| IntensiveCare                                   | Inpatient<br>Beds                                | 0           | Anesthesia                      |               |                             |         |                           |
| Pediatric/Adol escent                           | Inpatient<br>Beds                                | 0           | Clinical Lab                    |               | bstetrical<br>ecovery       |         | Renal Dialysis            |
| Psychiatric Nursing                             | Inpatient<br>Beds                                | 0           | Radiological/<br>Imaging        |               | ewborn/<br>/ellBaby         |         | Outpatient<br>Surgery     |
| Obstetrical<br>Ante/Postprtum                   | Inpatient<br>Beds                                | 0           | Pharmaceutical                  | E             | mergency                    |         | Central Plant             |
| Intermediate Care                               | Inpatient<br>Beds                                | 0           | Dietetic                        |               | uclear<br>edicine           |         | Support<br>Services       |
| Skilled Nursing                                 | Inpatient<br>Beds<br>Total Beds this<br>Building | 0           | Administration                  |               |                             |         |                           |

Report Year: 2010 11846 Long Beach Memorial Medical Center Long Beach Page:15 of 51 Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D) 102- Miller's Children's Hosp Entry 2009 02A Year of Building Building Information: Number: Name: 10/01/2010 Information Current As Of: Type of Services **Provided** Surgical Obstetrical Rehabilitation Nursing 0 Inpatient Cesarean/Deliv Therapy Beds Anesthesia IntensiveCare Inpatient 0 Beds Obstetrical Renal Dialysis Recovery Clinical Lab Pediatric/Adol Inpatient 0 escent Beds Outpatient Newborn/ Radiological/ **Psychiatric** Inpatient 0 Surgery WellBaby Imaging Nursing Beds Central Plant Pharmaceutical Inpatient Obstetrical 0 **Emergency** Ante/Postprtum **Beds** Dietetic Nuclear Support Inpatient Intermediate 0 Medicine Services Care Beds Administration Skilled Nursing Inpatient 0 Beds Total Beds this 0

Report Status: **Data Last Update:** 01/17/2011 **Submission Date:** 01/17/2011 **Print Date:** 1/18/2011 8:38 AM

Building

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|--------------|------|-------|------------------------------------|------------|---------------|
|--------------|------|-------|------------------------------------|------------|---------------|

|                              | Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D) |               |                          |              |                               |    |                           |  |  |
|------------------------------|---|---------------|--------------------------|--------------|-------------------------------|----|---------------------------|--|--|
| Building 02A<br>Number:      | Building<br>Name:   | 102- Miller's | Children's Hosp Entry    |              | Year of Information:          | 20 | 010                       |  |  |
|                              |   |               |                          | Infor<br>Of: | rmation Current As            | 10 | 0/01/2010                 |  |  |
| Type of Services<br>Provided |   |               |                          |              |                               |    |                           |  |  |
| Nursing                      | Inpatient Beds  | 0             | Surgical                 | 1 1          | Obstetrical<br>Cesarean/Deliv |    | Rehabilitation<br>Therapy |  |  |
| IntensiveCare                | Inpatient<br>Beds   | 0             | Anesthesia               |              |                               |    |                           |  |  |
| Pediatric/Adol               | Inpatient Beds  | 0             | Clinical Lab             |              | Obstetrical<br>Recovery       |    | Renal Dialysis            |  |  |
| Psychiatric Nursing          | Inpatient Beds  | 0             | Radiological/<br>Imaging |              | Newborn/<br>VellBaby          |    | Outpatient<br>Surgery     |  |  |
| Obstetrical Ante/Postprtum   | Inpatient Beds  | 0             | Pharmaceutical           | E            | Emergency                     |    | Central Plant             |  |  |
| Intermediate Care            | Inpatient Beds  | 0             | Dietetic                 |              | luclear<br>ledicine           |    | Support<br>Services       |  |  |
| Skilled Nursing              | Inpatient Beds  | 0             | Administration           |              |                               |    |                           |  |  |
|                              | Total Beds this Building  | 0             |                          |              |                               |    |                           |  |  |

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

| Building Number: | 01 Buildin                    | g Name: 1/ | A -1K Main Tower & A        | dditions | 3                             |   |                           |
|------------------|-------------------------------|------------|-----------------------------|----------|-------------------------------|---|---------------------------|
| Type of Service  | e Provided                    | X          | Surgical                    | X        | Obstetrical<br>Cesarean/Deliv |   | Rehabilitation<br>Therapy |
| X                | Nursing IntensiveCare         | X          | Anesthesia                  | X        | Obstetrical<br>Recovery       |   | Renal Dialysis            |
|                  | Pediatric/Adol escent         | ×          | Clinical Lab  Radiological/ | X        | Newborn/<br>WellBaby          |   | Outpatient<br>Surgery     |
|                  | Psychiatric<br>Nursing        | X          | Imaging Pharmaceutical      |          | Emergency                     | X | Central Plant             |
| X                | Obstetrical<br>Ante/Postprtum | X          | Dietetic                    | X        | Nuclear<br>Medicine           | X | Support<br>Services       |
|                  | Intermediate<br>Care          | X          | Administration              |          |                               |   |                           |
|                  | Skilled Nursing               |            |                             |          |                               |   |                           |

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

| Building Number: | 01A                          | Building Na | ame: 2/ | A-2C- Central Plant &    | Addition | าร                            |   |                           |  |
|------------------|------------------------------|-------------|---------|--------------------------|----------|-------------------------------|---|---------------------------|--|
| Type of Service  | e Provided                   |             |         |                          |          |                               |   |                           |  |
|                  |                              |             |         | Surgical                 |          | Obstetrical<br>Cesarean/Deliv |   | Rehabilitation<br>Therapy |  |
|                  | Nursing                      |             |         | Anesthesia               |          |                               |   |                           |  |
|                  | IntensiveCare                | <b>;</b>    |         |                          |          | Obstetrical<br>Recovery       |   | Renal Dialysis            |  |
|                  | Pediatric/Adolescent         | ı           |         | Clinical Lab             |          | No. Lond                      |   | Outpatient<br>Surgery     |  |
|                  |                              |             |         | Radiological/<br>Imaging | Ш        | Newborn/<br>WellBaby          |   | Surgery                   |  |
| Ш                | Psychiatric<br>Nursing       |             |         | Pharmaceutical           |          | Emergency                     | X | Central Plant             |  |
|                  | Obstetrical<br>Ante/Postprtu | m           |         |                          |          | Nuclear                       | Х | Support                   |  |
|                  | / into/1 cotpile             |             |         | Dietetic                 |          | Medicine                      |   | Services                  |  |
|                  | Intermediate<br>Care         |             |         |                          |          |                               |   |                           |  |
|                  |                              |             | Ш       | Administration           |          |                               |   |                           |  |
|                  | Skilled Nursin               | ıg          |         |                          |          |                               |   |                           |  |

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

| Building Number: | 04 Buildi                     | ng Name: 03 - Memorial West - N | lursing Unit               |                             |
|------------------|-------------------------------|---------------------------------|----------------------------|-----------------------------|
| Type of Service  | e Provided                    |                                 |                            |                             |
|                  |                               | Surgical                        | Obstetrical Cesarean/Deliv | X Rehabilitation<br>Therapy |
| X                | Nursing                       | Anesthesia                      | _                          | _                           |
|                  | IntensiveCare                 |                                 | Obstetrical Recovery       | Renal Dialysis              |
| X                | Pediatric/Adol escent         | Clinical Lab                    | Newborn/                   | Outpatient Surgery          |
|                  | Psychiatric                   | Radiological/<br>Imaging        | WellBaby                   |                             |
|                  | Nursing                       | Pharmaceutical                  | Emergency                  | Central Plant               |
|                  | Obstetrical<br>Ante/Postprtum | Dietetic                        | Nuclear<br>Medicine        | X Support<br>Services       |
|                  | Intermediate<br>Care          | X Administration                |                            |                             |
| X                | Skilled Nursing               |                                 |                            |                             |

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

| Building Number: | 05 Bui                 | Iding Name: 4A | A 4B- Memorial Wes      | t - Rehab Unit                |   |                           |
|------------------|------------------------|----------------|-------------------------|-------------------------------|---|---------------------------|
| Type of Servic   | e Provided             |                |                         |                               |   |                           |
|                  |                        |                | Surgical                | Obstetrical<br>Cesarean/Deliv | X | Rehabilitation<br>Therapy |
|                  | Nursing                |                | Anesthesia              |                               |   |                           |
|                  | IntensiveCare          |                |                         | Obstetrical Recovery          |   | Renal Dialysis            |
|                  | Pediatric/Adol         |                | Clinical Lab            |                               |   | Outpatient                |
|                  | escent                 |                | Radiological/           | Newborn/<br>WellBaby          |   | Surgery                   |
|                  | Psychiatric<br>Nursing |                | Imaging  Pharmaceutical | Emergency                     |   | Central Plant             |
|                  | Obstetrical            |                | T Harmadeatida          |                               |   | Ochtrai i iain            |
| Ш                | Ante/Postprtum         |                | Dietetic                | Nuclear<br>Medicine           | X | Support<br>Services       |
|                  | Intermediate           |                |                         |                               |   |                           |
|                  | Care                   |                | Administration          |                               |   |                           |
|                  | Skilled Nursing        |                |                         |                               |   |                           |

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

| Building Numbe  | r: 01                         | Building Na | me: 1A -1K Main Towe     | r & Add | itions                        |   |                           |
|-----------------|-------------------------------|-------------|--------------------------|---------|-------------------------------|---|---------------------------|
| Configuration : | Replace with new              | SPC 5 and N | NPC 4 or NPC 5 building  |         |                               |   |                           |
| Type of Serv    | rice Provided                 |             |                          |         |                               |   |                           |
| X               | Nursing                       | X           | Surgical                 | X       | Obstetrical<br>Cesarean/Deliv |   | Rehabilitation<br>Therapy |
| X               | IntensiveCare                 | X           | Anesthesia               | X       | Obstetrical                   |   | Renal Dialysis            |
|                 | Pediatric/Adol escent         |             | Clinical Lab             |         | Recovery                      |   |                           |
|                 | Psychiatric<br>Nursing        | X           | Radiological/<br>Imaging | X       | Newborn/<br>WellBaby          |   | Outpatient<br>Surgery     |
|                 | Obstetrical<br>Ante/Postprtum | X           | Pharmaceutical           |         | Emergency                     | X | Central Plant             |
|                 | Intermediate<br>Care          | X           | Dietetic                 |         |                               |   | Current                   |
|                 | Skilled Nursing               | X           | Administration           | X       | Nuclear Medicine              | X | Support<br>Services       |

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

| Building Number: | 01A                         | Building Na | me: 2A-2C- Central F     | Plant & Ad | ditions                       |   |                           |
|------------------|-----------------------------|-------------|--------------------------|------------|-------------------------------|---|---------------------------|
| Configuration:   | Replace with new            | SPC 5 and N | NPC 4 or NPC 5 buildir   | ng         |                               |   |                           |
| Type of Service  | e Provided                  |             |                          |            |                               |   |                           |
| N                | ursing                      |             | Surgical                 |            | Obstetrical<br>Cesarean/Deliv |   | Rehabilitation<br>Therapy |
| In               | tensiveCare                 |             | Anesthesia               |            | Obstetrical                   |   | Renal Dialysis            |
|                  | ediatric/Adol<br>scent      |             | Clinical Lab             |            | Recovery                      |   |                           |
|                  | sychiatric<br>ursing        |             | Radiological/<br>Imaging |            | Newborn/<br>WellBaby          |   | Outpatient<br>Surgery     |
| 1 1 -            | bstetrical<br>nte/Postprtum |             | Pharmaceutical           |            | Emergency                     | X | Central Plant             |
|                  | termediate                  |             | Dietetic                 |            |                               |   |                           |
|                  | are<br>killed Nursing       |             | Administration           |            | Nuclear Medicine              | X | Support<br>Services       |

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

| Building Number: | Number: 02 Building Name: 101- Miller's Children's Hospital |             |                          |   |                               |   |                           |  |
|------------------|---|-------------|--------------------------|---|-------------------------------|---|---------------------------|--|
| Configuration .  | Replace with new S  | SPC 5 and N | IPC 4 or NPC 5 building  | g |                               |   |                           |  |
| Type of Service  | Provided  |             |                          |   |                               |   |                           |  |
| Nu               | rsing   |             | Surgical                 |   | Obstetrical<br>Cesarean/Deliv | X | Rehabilitation<br>Therapy |  |
| X Inte           | ensiveCare  |             | Anesthesia               |   | Obstetrical                   |   | Renal Dialysis            |  |
|                  | diatric/Adol<br>cent  |             | Clinical Lab             |   | Recovery                      |   |                           |  |
|                  | ychiatric<br>rsing  |             | Radiological/<br>Imaging |   | Newborn/<br>WellBaby          |   | Outpatient<br>Surgery     |  |
| 1 1 -            | estetrical<br>te/Postprtum                                  | X           | Pharmaceutical           | X | Emergency                     | X | Central Plant             |  |
|                  | ermediate   |             | Dietetic                 |   | Lineigency                    |   | Ochira i lan              |  |
| — Ca<br>□ Sk     | re<br>illed Nursing   | X           | Administration           |   | Nuclear Medicine              | X | Support<br>Services       |  |

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

| Building Number | : 02A                         | Building Na | me: 102- Miller's Ch     | nildren's Ho | sp Entry                      |                           |
|-----------------|-------------------------------|-------------|--------------------------|--------------|-------------------------------|---------------------------|
| Configuration . | N/A                           |             |                          |              |                               |                           |
| Type of Servi   | ice Provided                  |             |                          |              |                               |                           |
|                 | Nursing                       |             | Surgical                 |              | Obstetrical<br>Cesarean/Deliv | Rehabilitation<br>Therapy |
|                 | IntensiveCare                 |             | Anesthesia               |              | Obstetrical                   | Renal Dialysis            |
|                 | Pediatric/Adol<br>escent      |             | Clinical Lab             |              | Recovery                      |                           |
|                 | Psychiatric<br>Nursing        |             | Radiological/<br>Imaging |              | Newborn/<br>WellBaby          | Outpatient<br>Surgery     |
|                 | Obstetrical<br>Ante/Postprtum |             | Pharmaceutical           |              | Emergency                     | Central Plant             |
|                 | Intermediate                  |             | Dietetic                 | _            | Lineigeney                    | Contract faint            |
|                 | Care<br>Skilled Nursing       |             | Administration           |              | Nuclear Medicine              | Support<br>Services       |

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

| Building Number: | 02B                           | Building Na | me: 103- Miller Chil     | ldren's Cleri | cal Add                       |                           |
|------------------|-------------------------------|-------------|--------------------------|---------------|-------------------------------|---------------------------|
| Configuration :  | Replace with new              | SPC 5 and N | NPC 4 or NPC 5 build     | ling          |                               |                           |
| Type of Service  | e Provided                    |             |                          |               |                               |                           |
|                  | lursing                       |             | Surgical                 |               | Obstetrical<br>Cesarean/Deliv | Rehabilitation<br>Therapy |
| Ir               | ntensiveCare                  |             | Anesthesia               |               | Obstetrical                   | Renal Dialysis            |
| 1 1              | Pediatric/Adol<br>scent       |             | Clinical Lab             |               | Recovery                      |                           |
|                  | Psychiatric<br>Jursing        |             | Radiological/<br>Imaging |               | Newborn/<br>WellBaby          | Outpatient<br>Surgery     |
|                  | Dbstetrical<br>Inte/Postprtum |             | Pharmaceutical           |               | Emorgonov                     | Central Plant             |
|                  | ntermediate                   |             | Dietetic                 |               | Emergency                     | Central Flam              |
|                  | Care                          |             | Administration           |               | Nuclear Medicine              | Support<br>Services       |
|                  | Skilled Nursing               |             | Auministration           |               |                               |                           |

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

| Building Number: 04 Building Name: 03 - Memorial West - Nursing Unit |                             |             |                          |    |                               |   |                           |  |  |
|--|-----------------------------|-------------|--------------------------|----|-------------------------------|---|---------------------------|--|--|
| Configuration :  | Replace with new            | SPC 5 and N | NPC 4 or NPC 5 buildi    | ng |                               |   |                           |  |  |
| Type of Service  | Provided                    |             |                          |    |                               |   |                           |  |  |
| X Nu   | ırsing                      |             | Surgical                 |    | Obstetrical<br>Cesarean/Deliv | X | Rehabilitation<br>Therapy |  |  |
| Int  | ensiveCare                  |             | Anesthesia               |    | Obstetrical                   |   | Renal Dialysis            |  |  |
|  | ediatric/Adol<br>cent       |             | Clinical Lab             |    | Recovery                      |   |                           |  |  |
|  | ychiatric<br>ırsing         |             | Radiological/<br>Imaging |    | Newborn/<br>WellBaby          |   | Outpatient<br>Surgery     |  |  |
|  | ostetrical<br>ite/Postprtum |             | Pharmaceutical           |    | Emergency                     |   | Central Plant             |  |  |
|  | ermediate                   |             | Dietetic                 |    | Lineigency                    | Ш | Ochtiai i iaiit           |  |  |
| Ca   | are<br>illed Nursing        | X           | Administration           |    | Nuclear Medicine              | X | Support<br>Services       |  |  |

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

| Building Number: 05 Building Name: 4A 4B- Memorial West - Rehab Unit |                             |             |                          |      |                               |   |                           |  |  |
|--|-----------------------------|-------------|--------------------------|------|-------------------------------|---|---------------------------|--|--|
| Configuration :  | Replace with new            | SPC 5 and N | NPC 4 or NPC 5 build     | ding |                               |   |                           |  |  |
| Type of Service  | e Provided                  |             |                          |      |                               |   |                           |  |  |
| N  | ursing                      |             | Surgical                 |      | Obstetrical<br>Cesarean/Deliv | X | Rehabilitation<br>Therapy |  |  |
| In   | tensiveCare                 |             | Anesthesia               |      | Obstetrical                   |   | Renal Dialysis            |  |  |
| l I  | ediatric/Adol<br>scent      |             | Clinical Lab             |      | Recovery                      |   |                           |  |  |
|  | sychiatric<br>ursing        |             | Radiological/<br>Imaging |      | Newborn/<br>WellBaby          |   | Outpatient<br>Surgery     |  |  |
|  | bstetrical<br>nte/Postprtum |             | Pharmaceutical           |      | _                             |   | 0                         |  |  |
|  | ntermediate                 |             | Dietetic                 |      | Emergency                     |   | Central Plant             |  |  |
|  | are                         |             |                          |      | Nuclear Medicine              | X | Support<br>Services       |  |  |
| S  | killed Nursing              |             | Administration           |      |                               |   | 23/11000                  |  |  |

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

| Building Number | er: 07                        | Building Na | me: 5 - X-Ray Addition   | on |                               |   |                           |
|-----------------|-------------------------------|-------------|--------------------------|----|-------------------------------|---|---------------------------|
| Configuration : | Replace with new              | SPC 5 and N | NPC 4 or NPC 5 buildin   | ıg |                               |   |                           |
| Type of Ser     | vice Provided                 |             |                          |    |                               |   |                           |
|                 | Nursing                       | X           | Surgical                 | X  | Obstetrical<br>Cesarean/Deliv |   | Rehabilitation<br>Therapy |
|                 | IntensiveCare                 | X           | Anesthesia               |    | Obstetrical                   |   | Renal Dialysis            |
|                 | Pediatric/Adol escent         |             | Clinical Lab             | _  | Recovery                      |   |                           |
|                 | Psychiatric<br>Nursing        | X           | Radiological/<br>Imaging |    | Newborn/<br>WellBaby          |   | Outpatient<br>Surgery     |
|                 | Obstetrical<br>Ante/Postprtum |             | Pharmaceutical           | П  | Emergency                     |   | Central Plant             |
|                 | Intermediate                  |             | Dietetic                 |    |                               |   |                           |
|                 | Care Skilled Nursing          | X           | Administration           |    | Nuclear Medicine              | X | Support<br>Services       |

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

| Building Number: 08 Building Name: 6A-6C - Surgery & Addition |                             |              |                          |    |                               |   |                           |  |  |  |
|---|-----------------------------|--------------|--------------------------|----|-------------------------------|---|---------------------------|--|--|--|
| Configuration :   | Replace with new            | SPC 5 and N  | NPC 4 or NPC 5 building  | ng |                               |   |                           |  |  |  |
| Type of Servic  | e Provided                  |              |                          |    |                               |   |                           |  |  |  |
| N   | ursing                      | X            | Surgical                 | X  | Obstetrical<br>Cesarean/Deliv |   | Rehabilitation<br>Therapy |  |  |  |
| Ir  | ntensiveCare                | Х            | Anesthesia               | X  | Obstetrical                   |   | Renal Dialysis            |  |  |  |
|   | ediatric/Adol<br>scent      | Clinical Lab |                          |    | Recovery                      |   |                           |  |  |  |
|   | sychiatric<br>Jursing       |              | Radiological/<br>Imaging |    | Newborn/<br>WellBaby          |   | Outpatient<br>Surgery     |  |  |  |
|   | bstetrical<br>nte/Postprtum |              | Pharmaceutical           |    | Emergency                     | П | Central Plant             |  |  |  |
|   | ntermediate<br>care         | X            | Dietetic                 |    | Nuclear Medicine              | X | Support                   |  |  |  |
|   | killed Nursing              | X            | Administration           |    | Nucleal Medicine              |   | Services                  |  |  |  |

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

| Building Number | er: 11                        | Building Na | me: 7A-7B - Outpatier    | nt Surger | у                             |   |                           |
|-----------------|-------------------------------|-------------|--------------------------|-----------|-------------------------------|---|---------------------------|
| Configuration:  | Replace with new              | SPC 5 and N | NPC 4 or NPC 5 building  | 9         |                               |   |                           |
| Type of Ser     | vice Provided                 |             |                          |           |                               |   |                           |
|                 | Nursing                       | X           | Surgical                 | X         | Obstetrical<br>Cesarean/Deliv |   | Rehabilitation<br>Therapy |
|                 | IntensiveCare                 | X           | Anesthesia               | X         | Obstetrical                   |   | Renal Dialysis            |
|                 | Pediatric/Adol<br>escent      |             | Clinical Lab             |           | Recovery                      |   |                           |
|                 | Psychiatric<br>Nursing        | X           | Radiological/<br>Imaging |           | Newborn/<br>WellBaby          | X | Outpatient<br>Surgery     |
|                 | Obstetrical<br>Ante/Postprtum |             | Pharmaceutical           |           | Emergency                     | X | Central Plant             |
|                 | Intermediate                  |             | Dietetic                 |           |                               |   |                           |
|                 | Care Skilled Nursing          | X           | Administration           |           | Nuclear Medicine              | X | Support<br>Services       |

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

| Building Number: 12 Building Name: 8 - Cancer Prevention Center |                               |             |                          |   |                               |   |                           |  |  |
|---|-------------------------------|-------------|--------------------------|---|-------------------------------|---|---------------------------|--|--|
| Configuration :   | Replace with new              | SPC 5 and N | NPC 4 or NPC 5 buildin   | g |                               |   |                           |  |  |
| Type of Servi   | ce Provided                   |             |                          |   |                               |   |                           |  |  |
|   | Nursing                       |             | Surgical                 |   | Obstetrical<br>Cesarean/Deliv |   | Rehabilitation<br>Therapy |  |  |
|   | IntensiveCare                 |             | Anesthesia               |   | Obstetrical                   |   | Renal Dialysis            |  |  |
|   | Pediatric/Adol<br>escent      |             | Clinical Lab             |   | Recovery                      |   |                           |  |  |
|   | Psychiatric<br>Nursing        | X           | Radiological/<br>Imaging |   | Newborn/<br>WellBaby          |   | Outpatient<br>Surgery     |  |  |
|   | Obstetrical<br>Ante/Postprtum |             | Pharmaceutical           |   | Emergency                     |   | Central Plant             |  |  |
|   | Intermediate                  |             | Dietetic                 |   |                               |   |                           |  |  |
|   | Care<br>Skilled Nursing       | X           | Administration           |   | Nuclear Medicine              | X | Support<br>Services       |  |  |

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

| Building Number          | er: 13                        | Building Na | me: 10 - Emergency       | Power Are | ea                            |   |                           |
|--------------------------|-------------------------------|-------------|--------------------------|-----------|-------------------------------|---|---------------------------|
| Configuration :          | Replace with new              | SPC 5 and N | NPC 4 or NPC 5 buildir   | ng        |                               |   |                           |
| Type of Service Provided |                               |             |                          |           |                               |   |                           |
|                          | Nursing                       |             | Surgical                 |           | Obstetrical<br>Cesarean/Deliv |   | Rehabilitation<br>Therapy |
|                          | IntensiveCare                 |             | Anesthesia               |           | Obstetrical                   |   | Renal Dialysis            |
|                          | Pediatric/Adol escent         |             | Clinical Lab             |           | Recovery                      |   |                           |
|                          | Psychiatric<br>Nursing        |             | Radiological/<br>Imaging |           | Newborn/<br>WellBaby          |   | Outpatient<br>Surgery     |
|                          | Obstetrical<br>Ante/Postprtum |             | Pharmaceutical           | П         | Emergency                     | X | Central Plant             |
|                          | Intermediate<br>Care          |             | Dietetic                 |           |                               |   |                           |
|                          | Skilled Nursing               |             | Administration           |           | Nuclear Medicine              |   | Support<br>Services       |

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

| Building Number: 14 Building Name: 9 - ER Addition & Remodel |                               |             |                          |   |                               |  |                           |  |  |
|--|-------------------------------|-------------|--------------------------|---|-------------------------------|--|---------------------------|--|--|
| Configuration :  | Replace with new              | SPC 5 and N | NPC 4 or NPC 5 building  |   |                               |  |                           |  |  |
| Type of Service  | ce Provided                   |             |                          |   |                               |  |                           |  |  |
|  | Nursing                       |             | Surgical                 |   | Obstetrical<br>Cesarean/Deliv |  | Rehabilitation<br>Therapy |  |  |
| lr   | ntensiveCare                  |             | Anesthesia               |   | Obstetrical<br>Recovery       |  | Renal Dialysis            |  |  |
|  | Pediatric/Adol escent         |             | Clinical Lab             |   | Reservery                     |  |                           |  |  |
|  | Psychiatric<br>Nursing        |             | Radiological/<br>Imaging |   | Newborn/<br>WellBaby          |  | Outpatient<br>Surgery     |  |  |
|  | Obstetrical<br>Ante/Postprtum |             | Pharmaceutical           | X | Emorgonov                     |  | Central Plant             |  |  |
|  | ntermediate                   |             | Dietetic                 |   | Emergency                     |  | Central Flant             |  |  |
|  | Care<br>Skilled Nursing       |             | Administration           |   | Nuclear Medicine              |  | Support<br>Services       |  |  |

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

| Building N |                           |                   |     |   |                          |                            |                             |
|------------|---------------------------|-------------------|-----|---|--------------------------|----------------------------|-----------------------------|
| Type of    | Service Prov              | <u>ided</u>       |     |   |                          |                            |                             |
| Nu         | rsing                     | Inpatient<br>Beds | 0   |   | Surgical                 | Obstetrical Cesarean/Deliv | X Rehabilitation<br>Therapy |
| X Inte     | ensiveCare                | Inpatient<br>Beds | 89  |   | Anesthesia               |                            |                             |
| 1.71       | diatric/Adol<br>cent      | Inpatient<br>Beds | 74  |   | Clinical Lab             | Obstetrical Recovery       | Renal Dialysis              |
|            | ychiatric<br>rsing        | Inpatient<br>Beds | 0   |   | Radiological/<br>Imaging | Newborn/<br>WellBaby       | Outpatient Surgery          |
| _          | stetrical<br>te/Postprtum | Inpatient<br>Beds | 0   | X | Pharmaceutical           | X Emergency                | X Central Plant             |
| Inte       | ermediate<br>re           | Inpatient<br>Beds | 0   |   | Dietetic                 | Nuclear<br>Medicine        | X Support<br>Services       |
| Ski        | illed Nursing             | Inpatient<br>Beds | 0   | X | Administration           |                            |                             |
|            | tal Beds this<br>ilding   | ,                 | 163 |   |                          |                            |                             |

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

| Buildi | ing Number: 02A               | Building          | g Name: 10 | 2- Miller's C | hildren's Hosp Entry     |                               |                        |
|--------|-------------------------------|-------------------|------------|---------------|--------------------------|-------------------------------|------------------------|
| Тур    | e of Service Prov             | <u>rided</u>      |            |               |                          |                               |                        |
|        | Nursing                       | Inpatient<br>Beds | 0          |               | Surgical                 | Obstetrical<br>Cesarean/Deliv | Rehabilitation Therapy |
|        | IntensiveCare                 | Inpatient<br>Beds | 0          |               | Anesthesia               |                               |                        |
|        | Pediatric/Adol escent         | Inpatient<br>Beds | 0          |               | Clinical Lab             | Obstetrical Recovery          | Renal Dialysis         |
|        | Psychiatric<br>Nursing        | Inpatient<br>Beds | 0          |               | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outpatient Surgery     |
|        | Obstetrical<br>Ante/Postprtum | Inpatient<br>Beds | 0          |               | Pharmaceutical           | Emergency                     | Central Plant          |
|        | Intermediate<br>Care          | Inpatient<br>Beds | 0          |               | Dietetic                 | Nuclear<br>Medicine           | Support<br>Services    |
|        | Skilled Nursing               | Inpatient<br>Beds | 0          |               | Administration           |                               |                        |
|        | Total Beds this<br>Building   |                   | 0          |               |                          |                               |                        |

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

| Buildi | ng Number: 02B                | Building          | g Name: 10 | 3- Miller Ch | ildren's Clerical Add    |                               |                        |  |  |  |  |
|--------|-------------------------------|-------------------|------------|--------------|--------------------------|-------------------------------|------------------------|--|--|--|--|
| Туре   | Type of Service Provided      |                   |            |              |                          |                               |                        |  |  |  |  |
|        | Nursing                       | Inpatient<br>Beds | 0          |              | Surgical                 | Obstetrical<br>Cesarean/Deliv | Rehabilitation Therapy |  |  |  |  |
|        | IntensiveCare                 | Inpatient<br>Beds | 0          |              | Anesthesia               |                               |                        |  |  |  |  |
|        | Pediatric/Adol escent         | Inpatient<br>Beds | 0          |              | Clinical Lab             | Obstetrical Recovery          | Renal Dialysis         |  |  |  |  |
|        | Psychiatric<br>Nursing        | Inpatient<br>Beds | 0          |              | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outpatient Surgery     |  |  |  |  |
|        | Obstetrical<br>Ante/Postprtum | Inpatient<br>Beds | 0          |              | Pharmaceutical           | Emergency                     | Central Plant          |  |  |  |  |
|        | Intermediate<br>Care          | Inpatient<br>Beds | 0          |              | Dietetic                 | Nuclear<br>Medicine           | Support<br>Services    |  |  |  |  |
|        | Skilled Nursing               | Inpatient<br>Beds | 0          |              | Administration           |                               |                        |  |  |  |  |
|        | Total Beds this<br>Building   |                   | 0          |              |                          |                               |                        |  |  |  |  |

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

| Building Number: 07 Building Name: 5 - X-Ray Addition |                               |                   |   |   |                          |                              |                        |
|---|-------------------------------|-------------------|---|---|--------------------------|------------------------------|------------------------|
| Type of Service Provided                              |                               |                   |   |   |                          |                              |                        |
|   | Nursing                       | Inpatient<br>Beds | 0 | X | Surgical                 | X Obstetrical Cesarean/Deliv | Rehabilitation Therapy |
|   | IntensiveCare                 | Inpatient<br>Beds | 0 | X | Anesthesia               |                              |                        |
|   | Pediatric/Adol escent         | Inpatient<br>Beds | 0 |   | Clinical Lab             | Obstetrical Recovery         | Renal Dialysis         |
|   | Psychiatric<br>Nursing        | Inpatient<br>Beds | 0 | X | Radiological/<br>Imaging | Newborn/<br>WellBaby         | Outpatient Surgery     |
|   | Obstetrical<br>Ante/Postprtum | Inpatient<br>Beds | 0 |   | Pharmaceutical           | Emergency                    | Central Plant          |
|   | Intermediate<br>Care          | Inpatient<br>Beds | 0 |   | Dietetic                 | Nuclear<br>Medicine          | X Support<br>Services  |
|   | Skilled Nursing               | Inpatient<br>Beds | 0 | X | Administration           |                              |                        |
|   | Total Beds this<br>Building   |                   | 0 |   |                          |                              |                        |

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

| Building Number: 08         |                          |   |                       |                              |                        |  |  |  |
|-----------------------------|--------------------------|---|-----------------------|------------------------------|------------------------|--|--|--|
| Type of Service Prov        | Type of Service Provided |   |                       |                              |                        |  |  |  |
| Nursing                     | Inpatient<br>Beds        | 0 | X Surgical            | X Obstetrical Cesarean/Deliv | Rehabilitation Therapy |  |  |  |
| IntensiveCare               | Inpatient<br>Beds        | 0 | X Anesthesi           | ia                           |                        |  |  |  |
| Pediatric/Adol escent       | Inpatient<br>Beds        | 0 | Clinical La           | X Obstetrical Recovery       | Renal Dialysis         |  |  |  |
| Psychiatric Nursing         | Inpatient<br>Beds        | 0 | Radiologic<br>Imaging | Cal/ Newborn/<br>WellBaby    | Outpatient Surgery     |  |  |  |
| Obstetrical Ante/Postprtum  | Inpatient<br>Beds        | 0 | Pharmace              | eutical Emergency            | Central Plant          |  |  |  |
| Intermediate Care           | Inpatient<br>Beds        | 0 | X Dietetic            | Nuclear<br>Medicine          | X Support<br>Services  |  |  |  |
| Skilled Nursing             | Inpatient<br>Beds        | 0 | X Administra          | ation                        |                        |  |  |  |
| Total Beds this<br>Building |                          | 0 |                       |                              |                        |  |  |  |

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

| Building Number: 11 Building Name: 7A-7B - Outpatient Surgery |                            |   |   |                          |                              | ]                       |  |  |
|---|----------------------------|---|---|--------------------------|------------------------------|-------------------------|--|--|
| Type of Service   | Type of Service Provided   |   |   |                          |                              |                         |  |  |
| Nursing   | Inpatient<br>Beds          | 0 | X | Surgical                 | X Obstetrical Cesarean/Deliv | Rehabilitation Therapy  |  |  |
| IntensiveC  | are Inpatient<br>Beds      | 0 | X | Anesthesia               |                              |                         |  |  |
| Pediatric/A escent  | Adol Inpatient<br>Beds     | 0 |   | Clinical Lab             | X Obstetrical<br>Recovery    | Renal Dialysis          |  |  |
| Psychiatric Nursing   | Inpatient<br>Beds          | 0 | X | Radiological/<br>Imaging | Newborn/<br>WellBaby         | X Outpatient<br>Surgery |  |  |
| Obstetrica Ante/Post  |                            | 0 |   | Pharmaceutical           | Emergency                    | X Central Plant         |  |  |
| Intermedia<br>Care  | ite Inpatient<br>Beds      | 0 |   | Dietetic                 | Nuclear<br>Medicine          | X Support<br>Services   |  |  |
| Skilled Nu  | rsing<br>Inpatient<br>Beds | 0 | X | Administration           |                              |                         |  |  |
| Total Beds<br>Building  | sthis                      | 0 |   |                          |                              |                         |  |  |

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

| Building Number: 12         |                     |   |                            |                            |                        |  |  |
|-----------------------------|---------------------|---|----------------------------|----------------------------|------------------------|--|--|
| Type of Service Provided    |                     |   |                            |                            |                        |  |  |
| Nursing                     | Inpatient<br>Beds   | 0 | Surgical                   | Obstetrical Cesarean/Deliv | Rehabilitation Therapy |  |  |
| IntensiveCare               | Inpatient<br>Beds   | 0 | Anesthesia                 |                            |                        |  |  |
| Pediatric/Adol escent       | Inpatient<br>Beds   | 0 | Clinical Lab               | Obstetrical Recovery       | Renal Dialysis         |  |  |
| Psychiatric Nursing         | Inpatient<br>Beds   | 0 | X Radiological/<br>Imaging | Newborn/<br>WellBaby       | Outpatient Surgery     |  |  |
| Obstetrical Ante/Postprtun  | Inpatient<br>n Beds | 0 | Pharmaceution              | cal Emergency              | Central Plant          |  |  |
| Intermediate Care           | Inpatient<br>Beds   | 0 | Dietetic                   | Nuclear<br>Medicine        | X Support<br>Services  |  |  |
| Skilled Nursing             | Inpatient<br>Beds   | 0 | X Administration           | n                          |                        |  |  |
| Total Beds this<br>Building |                     | 0 |                            |                            |                        |  |  |

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

| Building Number:          | 13 Buildir               | ng Name: 10 | - Emergency Power Area   |                            |                        |  |  |  |
|---------------------------|--------------------------|-------------|--------------------------|----------------------------|------------------------|--|--|--|
| Type of Service P         | Type of Service Provided |             |                          |                            |                        |  |  |  |
| Nursing                   | Inpatient<br>Beds        | 0           | Surgical                 | Obstetrical Cesarean/Deliv | Rehabilitation Therapy |  |  |  |
| IntensiveCar              | e Inpatient<br>Beds      | 0           | Anesthesia               |                            |                        |  |  |  |
| Pediatric/Add             | ol Inpatient<br>Beds     | 0           | Clinical Lab             | Obstetrical Recovery       | Renal Dialysis         |  |  |  |
| Psychiatric Nursing       | Inpatient<br>Beds        | 0           | Radiological/<br>Imaging | Newborn/<br>WellBaby       | Outpatient Surgery     |  |  |  |
| Obstetrical Ante/Postprto | Inpatient<br>um Beds     | 0           | Pharmaceutical           | Emergency                  | X Central Plant        |  |  |  |
| Intermediate Care         | Inpatient<br>Beds        | 0           | Dietetic                 | Nuclear<br>Medicine        | Support<br>Services    |  |  |  |
| Skilled Nursi             | ng<br>Inpatient<br>Beds  | 0           | Administration           |                            |                        |  |  |  |
| Total Beds th<br>Building | nis                      | 0           |                          |                            |                        |  |  |  |

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

| Building Number:          |                          |   |                          |                            |                        |  |  |
|---------------------------|--------------------------|---|--------------------------|----------------------------|------------------------|--|--|
| Type of Service Provided  |                          |   |                          |                            |                        |  |  |
| Nursing                   | Inpatient<br>Beds        | 0 | Surgical                 | Obstetrical Cesarean/Deliv | Rehabilitation Therapy |  |  |
| IntensiveCa               | re Inpatient<br>Beds     | 0 | Anesthesia               |                            |                        |  |  |
| Pediatric/Ad escent       | ol Inpatient<br>Beds     | 0 | Clinical Lab             | Obstetrical Recovery       | Renal Dialysis         |  |  |
| Psychiatric Nursing       | Inpatient<br>Beds        | 0 | Radiological/<br>Imaging | Newborn/<br>WellBaby       | Outpatient Surgery     |  |  |
| Obstetrical Ante/Postprt  | Inpatient<br>tum Beds    | 0 | Pharmaceutical           | X Emergency                | Central Plant          |  |  |
| Intermediate<br>Care      | e Inpatient<br>Beds      | 0 | Dietetic                 | Nuclear<br>Medicine        | Support<br>Services    |  |  |
| Skilled Nursi             | ing<br>Inpatient<br>Beds | 0 | Administration           |                            |                        |  |  |
| Total Beds to<br>Building | his                      | 0 |                          |                            |                        |  |  |

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| Building Number:        | 2 Build                 | ing Name: 101-                | Miller's Children's Hospit | al                                      |  |
|-------------------------|-------------------------|-------------------------------|----------------------------|---|--|
| Medical / Surgical (Ind | clude GYN)              | Acute Respiratory             | Care                       | Acute Psychiatric                       |  |
| Inpatient 0<br>Bed      | Inpatient 0<br>Days     | Inpatient 0<br>Bed            | Inpatient 0<br>Days        | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Perinatal (excluse Ne   | wborn / GYN)            | Burn                          |                            | Skilled Nursing                         |  |
| Inpatient 0<br>Bed      | Inpatient 0<br>Days     | Inpatient 0<br>Bed            | Inpatient 0<br>Days        | Inpatient 0                             | Inpatient 0<br>Days                        |
| Pediatric               |                         | intensive Care New<br>Nursery | vborn                      | Intermediate Card                       |  |
| Inpatient 74 Bed        | Inpatient 20696<br>Days | Inpatient 69<br>Bed           | Inpatient 16973 Days       | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Intensive Care          |                         | Rehabilitation<br>Center      |                            | Int. Care / developr<br>Disabled        | ment                                       |
| Inpatient 20<br>Bed     | Inpatient 5548<br>Days  | Inpatient 0<br>Bed            | Inpatient 0                | Inpatient 0<br>Bed                      | Inpatient 0 Days                           |
| Coronary Care           |                         | Chemical<br>Dependency        |                            | Total Beds this<br>Building Per<br>Unit | Total Beds this<br>Building Per<br>Service |
| Inpatient 0<br>Bed      | Inpatient 0 Days        | Inpatient 0<br>Bed            | Inpatient 0 Days           | 163                                     | 0  |

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| Building Number:       | D2A Build           | ling Name: 102-               | Miller's Children's Hosp I | Entry                                   |  |
|------------------------|---------------------|-------------------------------|----------------------------|---|--|
| Medical / Surgical (In | clude GYN)          | Acute Respiratory             | Care                       | Acute Psychiatric                       |  |
| Inpatient 0<br>Bed     | Inpatient 0<br>Days | Inpatient 0<br>Bed            | Inpatient 0<br>Days        | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Perinatal (excluse Ne  | wborn / GYN)        | Burn                          |                            | Skilled Nursing                         |  |
| Inpatient 0<br>Bed     | Inpatient 0<br>Days | Inpatient 0<br>Bed            | Inpatient 0<br>Days        | Inpatient 0                             | Inpatient 0<br>Days                        |
| Pediatric              |                     | intensive Care Nev<br>Nursery | wborn                      | Intermediate Card                       |  |
| Inpatient 0<br>Bed     | Inpatient 0<br>Days | Inpatient 0<br>Bed            | Inpatient 0<br>Days        | Inpatient 0<br>Bed                      | Inpatient 0 Days                           |
| Intensive Care         |                     | Rehabilitation<br>Center      |                            | Int. Care / developr<br>Disabled        | nent                                       |
| Inpatient 0<br>Bed     | Inpatient 0<br>Days | Inpatient 0<br>Bed            | Inpatient 0                | Inpatient 0<br>Bed                      | Inpatient 0 Days                           |
| Coronary Care          |                     | Chemical<br>Dependency        |                            | Total Beds this<br>Building Per<br>Unit | Total Beds this<br>Building Per<br>Service |
| Inpatient 0<br>Bed     | Inpatient 0 Days    | Inpatient 0<br>Bed            | Inpatient 0 Days           | 0                                       | 0  |

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| Building Number:        | 2B Build            | ing Name: 103-                | Miller Children's Clerical | Add                                     |  |
|-------------------------|---------------------|-------------------------------|----------------------------|---|--|
| Medical / Surgical (Inc | clude GYN)          | Acute Respiratory             | Care                       | Acute Psychiatric                       |  |
| Inpatient 0<br>Bed      | Inpatient 0 Days    | Inpatient 0<br>Bed            | Inpatient 0 Days           | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Perinatal (excluse Nev  | wborn / GYN)        | Burn                          |                            | Skilled Nursing                         |  |
| Inpatient 0<br>Bed      | Inpatient 0<br>Days | Inpatient 0<br>Bed            | Inpatient 0<br>Days        | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Pediatric               |                     | intensive Care New<br>Nursery | wborn                      | Intermediate Card                       |  |
| Inpatient 0<br>Bed      | Inpatient 0 Days    | Inpatient 0<br>Bed            | Inpatient 0 Days           | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Intensive Care          |                     | Rehabilitation<br>Center      |                            | Int. Care / develop<br>Disabled         | nent                                       |
| Inpatient 0<br>Bed      | Inpatient 0 Days    | Inpatient 0<br>Bed            | Inpatient 0                | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Coronary Care           |                     | Chemical<br>Dependency        |                            | Total Beds this<br>Building Per<br>Unit | Total Beds this<br>Building Per<br>Service |
| Inpatient 0<br>Bed      | Inpatient 0 Days    | Inpatient 0<br>Bed            | Inpatient 0 Days           | 0                                       | 0  |

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| Building Number:        | 7 Build             | ing Name: 5 - X               | -Ray Addition       |   |  |
|-------------------------|---------------------|-------------------------------|---------------------|---|--|
| Medical / Surgical (Inc | clude GYN)          | Acute Respiratory             | Care                | Acute Psychiatric                       |  |
| Inpatient 0<br>Bed      | Inpatient 0 Days    | Inpatient 0<br>Bed            | Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Perinatal (excluse Ne   | wborn / GYN)        | Burn                          |                     | Skilled Nursing                         |  |
| Inpatient 0<br>Bed      | Inpatient 0<br>Days | Inpatient 0<br>Bed            | Inpatient 0<br>Days | Inpatient 0                             | Inpatient 0<br>Days                        |
| Pediatric               |                     | intensive Care New<br>Nursery | vborn               | Intermediate Card                       |  |
| Inpatient 0<br>Bed      | Inpatient 0<br>Days | Inpatient 0<br>Bed            | Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Intensive Care          |                     | Rehabilitation<br>Center      |                     | Int. Care / develop                     | nent                                       |
| Inpatient 0<br>Bed      | Inpatient 0 Days    | Inpatient 0<br>Bed            | Inpatient 0         | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Coronary Care           |                     | Chemical<br>Dependency        |                     | Total Beds this<br>Building Per<br>Unit | Total Beds this<br>Building Per<br>Service |
| Inpatient 0<br>Bed      | Inpatient 0 Days    | Inpatient 0<br>Bed            | Inpatient 0 Days    | 0                                       | 0  |

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| Building Number:        | 8 Build             | ing Name: 6A-6C -               | - Surgery & Addition |   |  |
|-------------------------|---------------------|---------------------------------|----------------------|---|--|
| Medical / Surgical (Inc | lude GYN)           | Acute Respiratory Ca            | are                  | Acute Psychiatric                       |  |
| Inpatient 0<br>Bed      | Inpatient 0 Days    |                                 | npatient 0<br>Days   | Inpatient 0                             | Inpatient 0 Days                           |
| Perinatal (excluse Nev  | wborn / GYN)        | Burn                            |                      | Skilled Nursing                         |  |
| Inpatient 0<br>Bed      | Inpatient 0<br>Days |                                 | npatient 0<br>Days   | Inpatient 0<br>Bed                      | Inpatient 0 Days                           |
| Pediatric               |                     | intensive Care Newbo<br>Nursery | orn                  | Intermediate Card                       |  |
| Inpatient 0<br>Bed      | Inpatient 0<br>Days |                                 | npatient 0<br>Days   | Inpatient 0<br>Bed                      | Inpatient 0 Days                           |
| Intensive Care          |                     | Rehabilitation<br>Center        |                      | Int. Care / developr<br>Disabled        | nent                                       |
| Inpatient 0<br>Bed      | Inpatient 0 Days    |                                 | npatient 0           | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Coronary Care           |                     | Chemical<br>Dependency          |                      | Total Beds this<br>Building Per<br>Unit | Total Beds this<br>Building Per<br>Service |
| Inpatient 0<br>Bed      | Inpatient 0 Days    |                                 | npatient 0           | 0                                       | 0  |

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| Building Number: 1      | 1 Build             | ing Name: 7A-7                | B - Outpatient Surgery |   |  |  |
|-------------------------|---------------------|-------------------------------|------------------------|---|--|--|
| Medical / Surgical (Inc | clude GYN)          | Acute Respiratory             | Care                   | Acute Psychiatric                       | Acute Psychiatric                          |  |
| Inpatient 0<br>Bed      | Inpatient 0<br>Days | Inpatient 0<br>Bed            | Inpatient 0 Days       | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |  |
| Perinatal (excluse Ne   | wborn / GYN)        | Burn                          |                        | Skilled Nursing                         |  |  |
| Inpatient 0<br>Bed      | Inpatient 0<br>Days | Inpatient 0<br>Bed            | Inpatient 0<br>Days    | Inpatient 0                             | Inpatient 0<br>Days                        |  |
| Pediatric               |                     | intensive Care New<br>Nursery | vborn                  | Intermediate Card                       |  |  |
| Inpatient 0<br>Bed      | Inpatient 0<br>Days | Inpatient 0<br>Bed            | Inpatient 0<br>Days    | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |  |
| Intensive Care          |                     | Rehabilitation<br>Center      |                        | Int. Care / develop                     | ment                                       |  |
| Inpatient 0<br>Bed      | Inpatient 0 Days    | Inpatient 0<br>Bed            | Inpatient 0            | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |  |
| Coronary Care           |                     | Chemical<br>Dependency        |                        | Total Beds this<br>Building Per<br>Unit | Total Beds this<br>Building Per<br>Service |  |
| Inpatient 0<br>Bed      | Inpatient 0 Days    | Inpatient 0<br>Bed            | Inpatient 0 Days       | 0                                       | 0  |  |

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| Building Number:                 | 12 Build            | ing Name: 8 - C                   | Cancer Prevention Center |   |  |
|----------------------------------|---------------------|-----------------------------------|--------------------------|---|--|
| Medical / Surgical (Include GYN) |                     | Acute Respiratory Care            |                          | Acute Psychiatric                       |  |
| Inpatient 0<br>Bed               | Inpatient 0<br>Days | Inpatient 0<br>Bed                | Inpatient 0<br>Days      | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Perinatal (excluse Ne            | wborn / GYN)        | Burn                              |                          | Skilled Nursing                         |  |
| Inpatient 0<br>Bed               | Inpatient 0<br>Days | Inpatient 0<br>Bed                | Inpatient 0<br>Days      | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Pediatric                        |                     | intensive Care Newborn<br>Nursery |                          | Intermediate Card                       |  |
| Inpatient 0<br>Bed               | Inpatient 0<br>Days | Inpatient 0<br>Bed                | Inpatient 0<br>Days      | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Intensive Care                   |                     | Rehabilitation<br>Center          |                          | Int. Care / develop                     | ment                                       |
| Inpatient 0<br>Bed               | Inpatient 0 Days    | Inpatient 0<br>Bed                | Inpatient 0              | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Coronary Care                    |                     | Chemical<br>Dependency            |                          | Total Beds this<br>Building Per<br>Unit | Total Beds this<br>Building Per<br>Service |
| Inpatient 0<br>Bed               | Inpatient 0 Days    | Inpatient 0<br>Bed                | Inpatient 0 Days         | 0                                       | 0  |

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| Building Number:                 | 13 Build            | ling Name: 10 -              | Emergency Power Area |   |  |
|----------------------------------|---------------------|------------------------------|----------------------|---|--|
| Medical / Surgical (Include GYN) |                     | Acute Respiratory Care       |                      | Acute Psychiatric                       |  |
| Inpatient 0<br>Bed               | Inpatient 0<br>Days | Inpatient 0<br>Bed           | Inpatient 0<br>Days  | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Perinatal (excluse No            | ewborn / GYN)       | Burn                         |                      | Skilled Nursing                         |  |
| Inpatient 0<br>Bed               | Inpatient 0<br>Days | Inpatient 0                  | Inpatient 0<br>Days  | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Pediatric                        |                     | intensive Care Ne<br>Nursery | wborn                | Intermediate Card                       |  |
| Inpatient 0<br>Bed               | Inpatient 0<br>Days | Inpatient 0<br>Bed           | Inpatient 0<br>Days  | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Intensive Care                   |                     | Rehabilitation<br>Center     |                      | Int. Care / develop<br>Disabled         | ment                                       |
| Inpatient 0<br>Bed               | Inpatient 0<br>Days | Inpatient 0<br>Bed           | Inpatient 0 Days     | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Coronary Care                    |                     | Chemical<br>Dependency       |                      | Total Beds this<br>Building Per<br>Unit | Total Beds this<br>Building Per<br>Service |
| Inpatient 0<br>Bed               | Inpatient 0 Days    | Inpatient 0<br>Bed           | Inpatient 0<br>Days  | 0                                       | 0  |

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| Building Number:                 | 14             | Building Name: 9 - E          | R Addition & Remodel |  |  |
|----------------------------------|----------------|-------------------------------|----------------------|--|--|
| Medical / Surgical (Include GYN) |                | Acute Respiratory             | Care                 | Acute Psychiatric  |  |
| Inpatient 0<br>Bed               | Inpatient Days | 0 Inpatient 0<br>Bed          | Inpatient 0 Days     | Inpatient 0 Inpatient 0 Days   |  |
| Perinatal (excluse N             | ewborn / GYN)  | Burn                          |                      | Skilled Nursing  |  |
| Inpatient 0<br>Bed               | Inpatient Days | 0 Inpatient 0 Bed             | Inpatient 0<br>Days  | Inpatient 0 Inpatient 0 Days   |  |
| Pediatric                        |                | intensive Care New<br>Nursery | vborn                | Intermediate Card  |  |
| Inpatient 0<br>Bed               | Inpatient Days | 0 Inpatient 0 Bed             | Inpatient 0<br>Days  | Inpatient 0 Inpatient 0 Days   |  |
| Intensive Care                   |                | Rehabilitation<br>Center      |                      | Int. Care / development<br>Disabled                                    |  |
| Inpatient 0<br>Bed               | Inpatient Days | 0 Inpatient 0 Bed             | Inpatient 0          | Inpatient 0 Inpatient 0 Days   |  |
| Coronary Care                    |                | Chemical<br>Dependency        |                      | Total Beds this Building Per Unit Total Beds this Building Per Service |  |
| Inpatient 0<br>Bed               | Inpatient Days | 0 Inpatient 0 Bed             | Inpatient 0 Days     | 0 0  |  |